|   |  |   | pplication or Docket Number         |  |                     |                                    |                   |                   |                    |                 |            |                    |                        |  |
|---|--|---|-------------------------------------|--|---------------------|------------------------------------|-------------------|-------------------|--------------------|-----------------|------------|--------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO       |  |   |                                     |  |                     |                                    |                   | 09/896395         |                    |                 |            |                    |                        |  |
| CLAIMS AS FILED - PART I                        |  |   |                                     |  |                     |                                    |                   | CHALL             | CALTI              | <del>//</del>   | 0 1        |                    | <u> </u>               |  |
| _   | TOTAL CLAIM                                    |   | (Colu                               | (Column 1)                             |                     | (Column 2)                         |                   | SMALL ENTITY TYPE |                    | Ι¥              | OTHER THAT |                    |                        |  |
| TOTAL CLAIMS                                    |  |   | 3                                   | 30                                     |                     |                                    |                   | RATE              | F                  | EE              | 1          | RATE               | FEE                    |  |
| FOR   |  |   | NUMBE                               | NUMBER FILED                           |                     | UMBER EXTRA                        |                   | BASIC F           | EE 35              | 5.00            | OR         | BASIC FE           | E · 710.00             |  |
| TOTAL CHARGEABLE CLAIMS                         |  |   | 30 n                                |  |                     | 10                                 | X\$ 9             |                   | :                  |                 | OR         | X\$18=             | 180                    |  |
| INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PR |  |   |                                     |  |                     |                                    | /X40              |                   |                    |                 | OR         | X80=               | 80                     |  |
| М   | ULTIPLE DEPE                                   | ENDENT CLAIM                              | PRESENT                             | RESENT                                 |                     |                                    |                   | +135=             |                    |                 | OR         | +270=              |                        |  |
| •1  | f the difference                               |   | TOTAL                               | _                                      |                     | OR                                 | TOTAL             | 970               |                    |                 |            |                    |                        |  |
| CLAIMS AS AMENDED - PART II                     |  |   |                                     |  |                     |                                    |                   | OTHER THAN        |                    |                 |            |                    |                        |  |
| _   | (Column 1) (Column 2) (Column 3)               |   |                                     |  |                     |                                    |                   | SMALI             | ENT                | TY              | OR         |                    | ENTITY                 |  |
| <b>AMENDMENT A</b>                              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHI<br>NUME<br>PREVIO<br>PAID F      | BER<br>OUSLY        | PRESENT<br>EXTRA                   |                   | RATE              |                    | DI-<br>NAL<br>E |            | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | . 30                                      | Minus                               | -30                                    | )                   | = Ø                                |                   | X\$ 9=            |                    |                 | OR         | X\$18=             | Y                      |  |
| AME   | Independent                                    | FNTATION OF M                             | Minus                               | C                                      | 7                   | = ()                               |                   | X40=              |                    |                 | OR         | X80=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |  |                     |                                    |                   | +135=             | 1                  | V               | ÖŘ"        | +270=              | 1                      |  |
|   |  |   |                                     |  |                     |                                    |                   | TOTAL             |                    | —               | L          | TOTAL<br>DDIT, FEE |                        |  |
|   |  | (Column 1)                                | (Column 2) (Column 3)               |  |                     |                                    | ~                 | <i>DD</i> 11. PEE | -                  |                 |            | UUII. FEE          |                        |  |
| AMENDMENT B                                     |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FI   | ER<br>JSLY          | PRESENT<br>EXTRA                   |                   | RATE              | ADE<br>TION<br>FEI | AL .            | 1          | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | •   | Minus                               | ••                                     |                     | =                                  | T                 | X\$ 9=            |                    |                 | OR         | X\$18=             |                        |  |
| AME   | Independent                                    | NTATION OF ME                             | Minus                               | ***                                    |                     | =                                  |                   | X40=              |                    | 7               | OR         | X80=               |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                     |  |                     |                                    |                   | +135=             |                    | _               |            | +270=              |                        |  |
|   |  |   |                                     |  |                     |                                    |                   | TOTAL<br>DIT. FEE |                    |                 | "<br>F     | TOTAL<br>DDIT. FEE |                        |  |
|   |  | nu  | D11. 1 EE                           | •                                      |                     | A                                  | DUIT. PEES        |                   |                    |                 |            |                    |                        |  |
|   |  | CLAIMS<br>REMAINING<br>AFTER              |                                     | (Column<br>HIGHES<br>NUMBE<br>PREVIOUS | R<br>SLY            | (Column 3) PRESENT EXTRA           | Γ                 | RATE              | ADD<br>TION        |                 | Γ          | RATE               | ADDI-<br>TIONAL        |  |
| • [   | Total  | AMENDMENT                                 | Minus .                             | PNDFO                                  |                     |                                    | $\vdash$          |                   | FEE                |                 | F          |                    | FEE                    |  |
| :   | Independent                                    | •   | Minus                               | •••                                    |                     | =                                  | L                 | <b>(\$ 9=</b>     |                    | _ ^             | R          | X\$18=             | ì,                     |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |  |                     |                                    |                   | K40=              |                    | _ o             | R L        | X80=               |                        |  |
|   |  |   |                                     |  |                     |                                    | +                 | 135=              |                    | 0               | R -        | +270=              |                        |  |
| . 11  | the entry in column<br>the "Highest Num        | ADE                                       | TOTAL<br>IT. FEE                    |  |                     | R 🛵                                | TOTAL<br>DIT. FEE |                   |                    |                 |            |                    |                        |  |
| T   | tne "Highest Nur<br>he "Highest Num            | nber Previously Pa<br>ber Praviously Paid | id For" IN THI:<br>  For" (Total or | S SPACE is le<br>Independent)          | ss than<br>is the h | 3, enter "3."<br>righest number fo |                   | _                 | ropriate           | box in          |            |                    |                        |  |
|   |  |   |                                     |  |                     |                                    |                   |                   |                    |                 |            |                    |                        |  |